# Data Quality:
# UBO & The Revenue Cycle
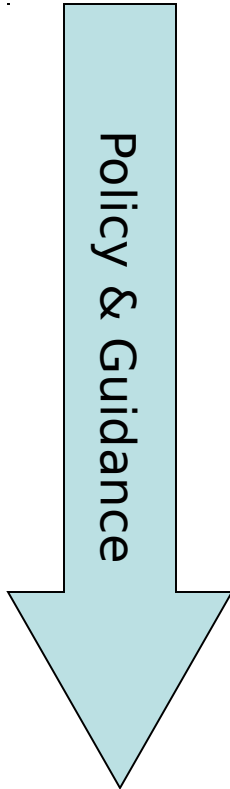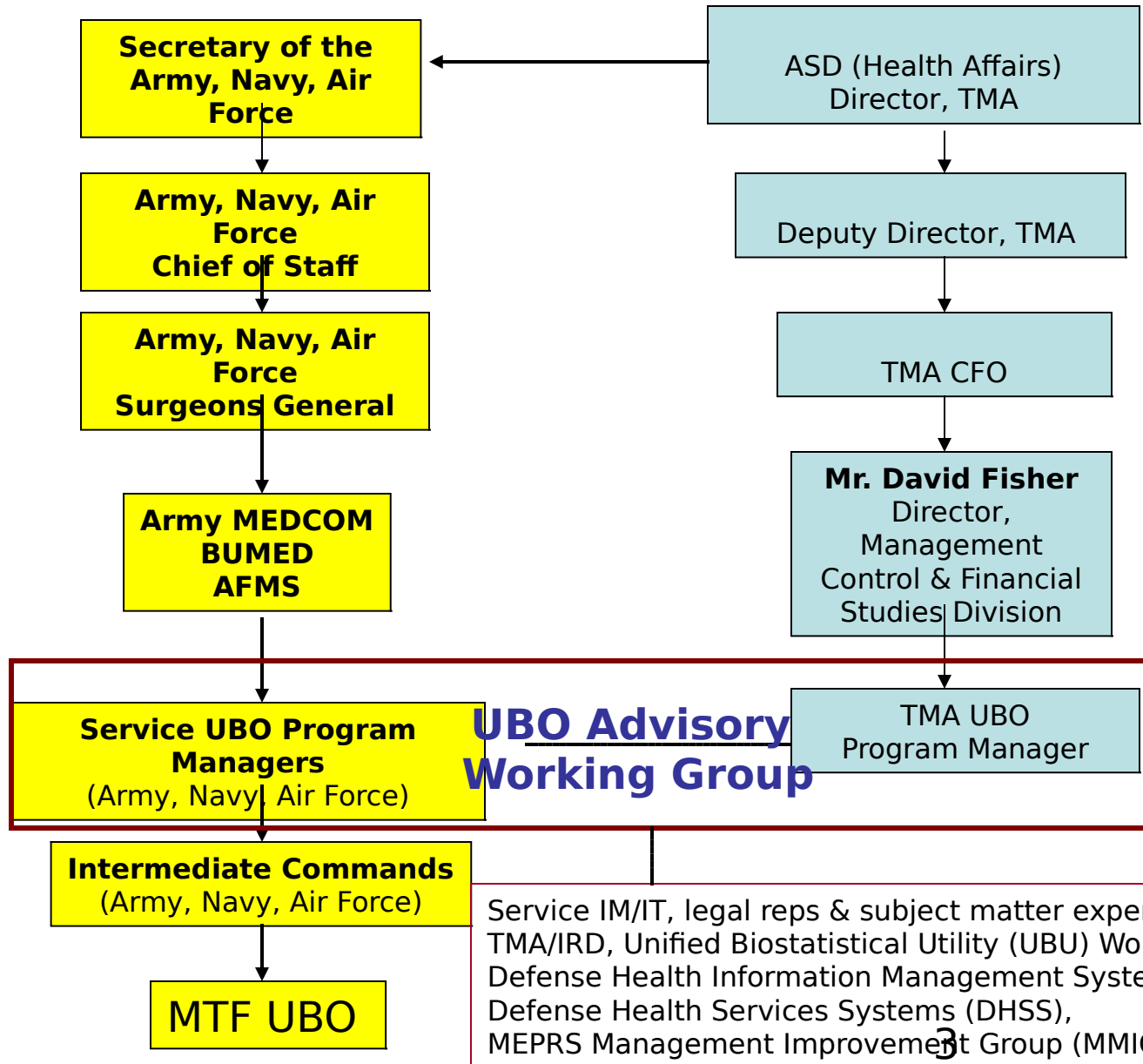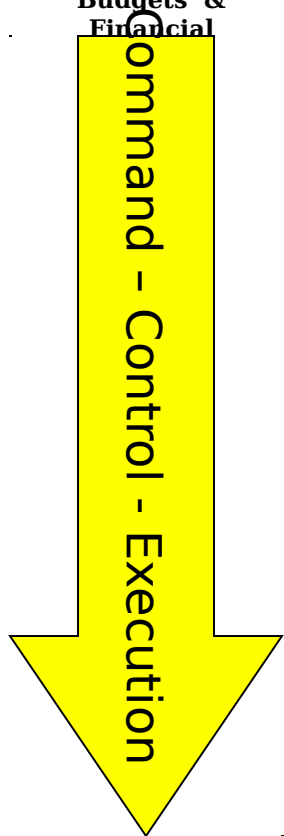
## May 2010

# Outline

- Uniform Business Office (UBO) Organization

- UBO Cost Recovery Programs

- MHS Billing Systems

- MTF Revenue Cycle

- Data Quality and How it Affects Each Phase of the Revenue Cycle

- UBO Success Factors

- Resources

# UBO Organization Chart

**Health Budgets & Financial**
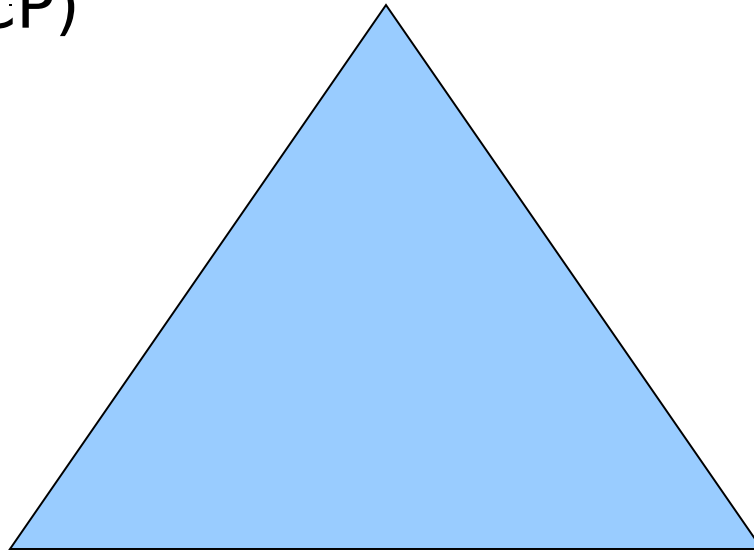
Command - Control - Execution

Policy & Guidance

**Secretary of the Army, Navy, Air Force**

**Army, Navy, Air Force Chief of Staff**

**Army, Navy, Air Force Surgeons General**

**Army MEDCOM BUMED AFMS**

ASD (Health Affairs) Director, TMA

Deputy Director, TMA

TMA CFO

**Mr. David Fisher** Director, Management Control & Financial Studies Division

**UBO Advisory Working Group**

**Service UBO Program Managers** (Army, Navy, Air Force)

TMA UBO Program Manager

**Intermediate Commands** (Army, Navy, Air Force)

Service IM/IT, legal reps & subject matter experts (SME)
TMA/IRD, Unified Biostatistical Utility (UBU) Work Group,
Defense Health Information Management System (DHIMS),
Defense Health Services Systems (DHSS),
MEPRS Management Improvement Group (MMIG)

MTF UBO

UNIFORM BUSINESS OFFICE
PROVIDING RESOURCES TO ENHANCE CARE

# UBO Cost Recovery Programs

Third Party Collections Program (TPCP)

Medical Services Account (MSA)

Medical Affirmative Claims (MAC)

# Who Gets Billed Under Which Cost Recovery Program?

- Third Party Collections Program
  - Bill insurers for care provided to <u>eligible DoD beneficiaries</u> (excludes Active Duty) with other health insurance (excluding Medicare & TRICARE)

- Medical Services Account
  - Includes billing for care provided to eligible patients from Veterans Affairs/Coast Guard /NOAA/ PHS/Civilian Emergencies/Foreign Military & their Family Members

- Medical Affirmative Claims
  - Bill for care provided to <u>eligible DoD beneficiaries</u> injured by third parties

# Collections by UBO
# Cost Recovery Program

- Third Party Collections Program (TPCP)
  - $241M (FY 2009)
- Medical Services Account (MSA)
  - $151M (FY 2009)
- Medical Affirmative Claims (MAC)
  - $15M (FY 2009)
- ALL funds collected are retained by <u>your</u> MTF
  - TPC funds are <u>in addition to</u> the MTFs O&M budget

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# Top Three MTFs by Service for Inpatient TPCP Collections

**Health Budgets & Financial Policy**

## FY 2010 Collected Through 2nd Quarter

| Service | Facility | Inpatient Collections |
|---|---|---|
| Army | Ft. Sam Houston (Brooke Army Medical Center) | $2,775,143 |
| Army | Ft. Lewis (Madigan Army Medical Center) | $2,130,799 |
| Army | Washington D.C. (Walter Reed Army Medical Center) | $2,060,827 |
| Navy | NNMC Bethesda | $1,542,992 |
| Navy | NMC Portsmouth (VA) | $1,000,102 |
| Navy | NMC San Diego | $510,408 |
| Air Force | Lackland AFB (59th Medical Wing) | $3,741,375 |
| Air Force | Wright Patterson AFB (88th Medical Group) | $1,219,368 |
| Air Force | Nellis AFB (99th Medical Group) | $276,533 |

Data Source: MTF DD Form 2570 submissions to the TMA UBO Metrics Reporting System

# Top Three MTFs by Service for Outpatient TPCP Collections

## FY 2010 Collected Through 2nd Quarter

**Health Budgets & Financial Policy**

| Service | Facility | Outpatient Collections |
|---------|----------|------------------------|
| Army | Redstone Arsenal (Fox Army Health Clinic) | $3,676,318 |
| Army | Ft. Belvoir (Dewitt Army Community Hospital) | $3,254,032 |
| Army | Ft. Sam Houston (Brooke Army Medical Center) | $2,656,115 |
| Navy | NH Jacksonville | $3,636,646 |
| Navy | NMC Portsmouth (VA) | $1,972,550 |
| Navy | NH Bremerton | $1,355,648 |
| Air Force | Elmendorf AFB (3rd Medical group) | $4,201,033 |
| Air Force | Wright Patterson AFB (88th Medical Group) | $3,844,617 |
| Air Force | Eglin AFB (96th Medical Group) | $1,738,620 |

Data Source: MTF DD Form 2570 submissions to the TMA UBO Metrics Reporting System

# Top Ten MTFs for Total TPCP Collections in FY 2010
## **Collected Through 2nd Quarter**

| Service | Facility | FY2010 Total Collections |
|---------|----------|--------------------------|
| Army | Ft. Sam Houston (Brooke Army Medical Center) | $5,431,258 |
| Air Force | Wright Patterson AFB (88th Medical Group) | $5,063,985 |
| Air Force | Lackland AFB (59th Medical Wing) | $4,655,319 |
| Air Force | Elmendorf AFB (3rd Medical group) | $4,415,172 |
| Army | Washington D.C. (Walter Reed Army Medical Ce | $4,132,501 |
| Army | Ft. Lewis (Madigan Army Medical Center) | $4,035,657 |
| Navy | NH Jacksonville | $3,857,732 |
| Army | Redstone Arsenal (Fox Army Health Clinic) | $3,676,318 |
| Army | Ft. Belvoir (Dewitt Army Community Hospital) | $3,303,849 |
| Army | Ft. Shafter (Tripler Army Medical Center) | $3,058,922 |

Data Source: MTF DD Form 2570 submissions to the TMA UBO Metrics Reporting System

# MHS Billing Systems

- Third Party Outpatient Collection System
  - Government developed system for billing <u>outpatient</u> TPCP (includes outpatient visits, lab/rad/pharmacy prescriptions)
- CHCS Medical Services Account (MSA) Module
  - Government developed module used for billing TPCP inpatient claims (both institutional & professional charges) & MSA
- Relationship to other systems
  - Provider Specialty Codes
  - Collection of other health insurance (OHI) information in CHCS
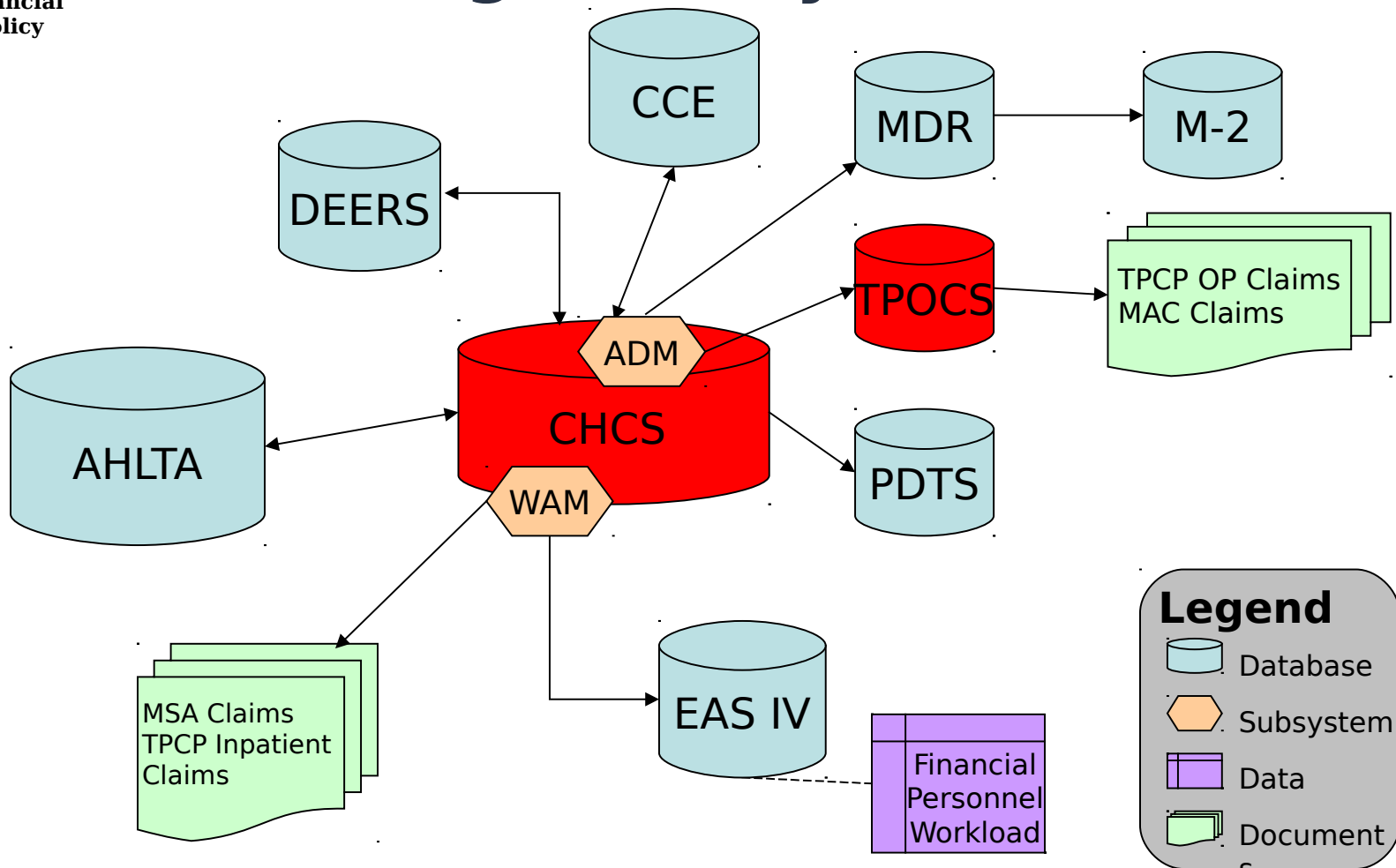  - Centralized OHI Repository on DEERS

# Billing/Collections

## Existing MHS Systems

# Data Quality Characteristics

- Accurate
- Complete
- Concise
- Cost-effective
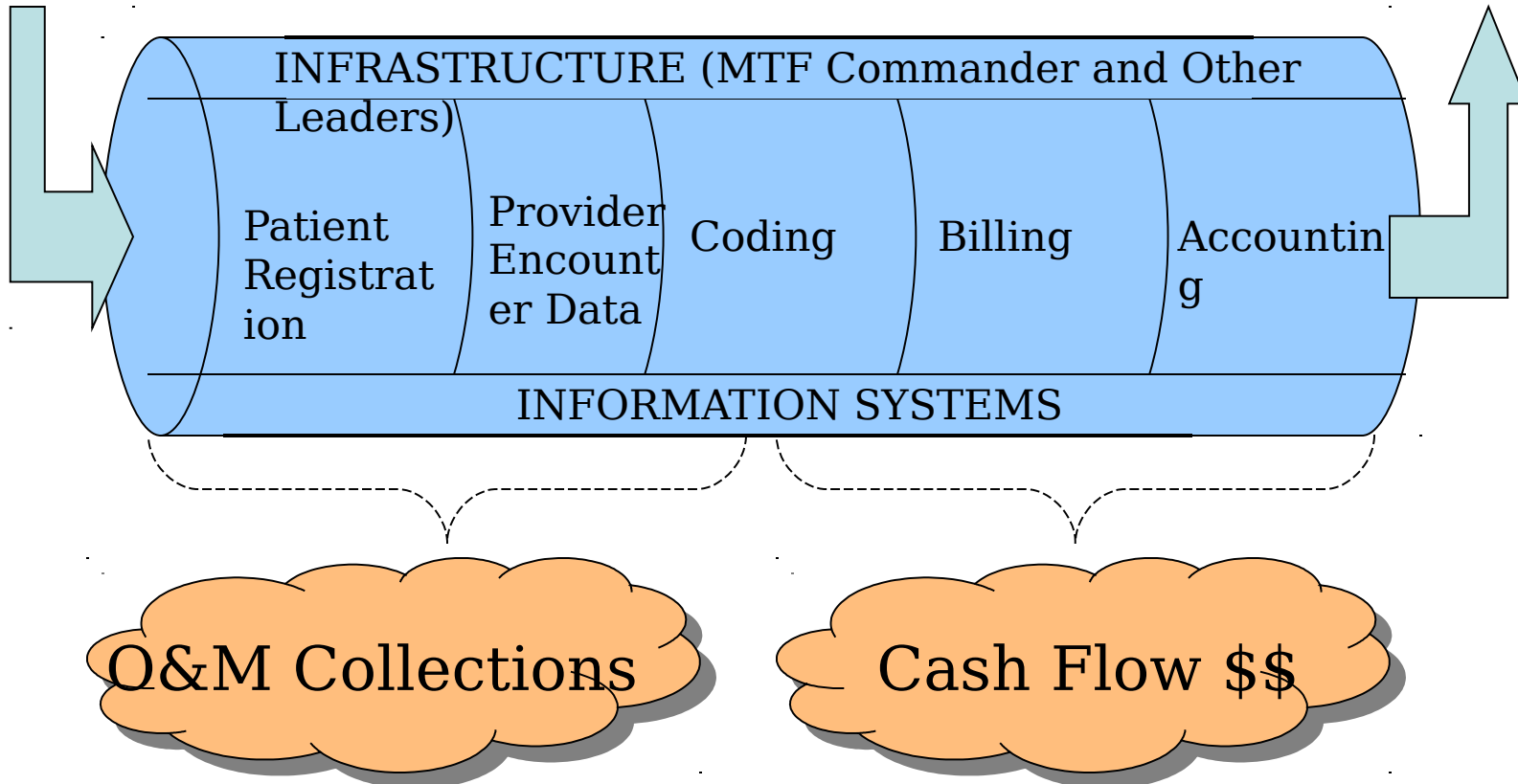- Relevant / Timely / Up-To-Date
- Presentation
- Consistent

# Revenue Cycle

**Information / Data**                    **Cash**

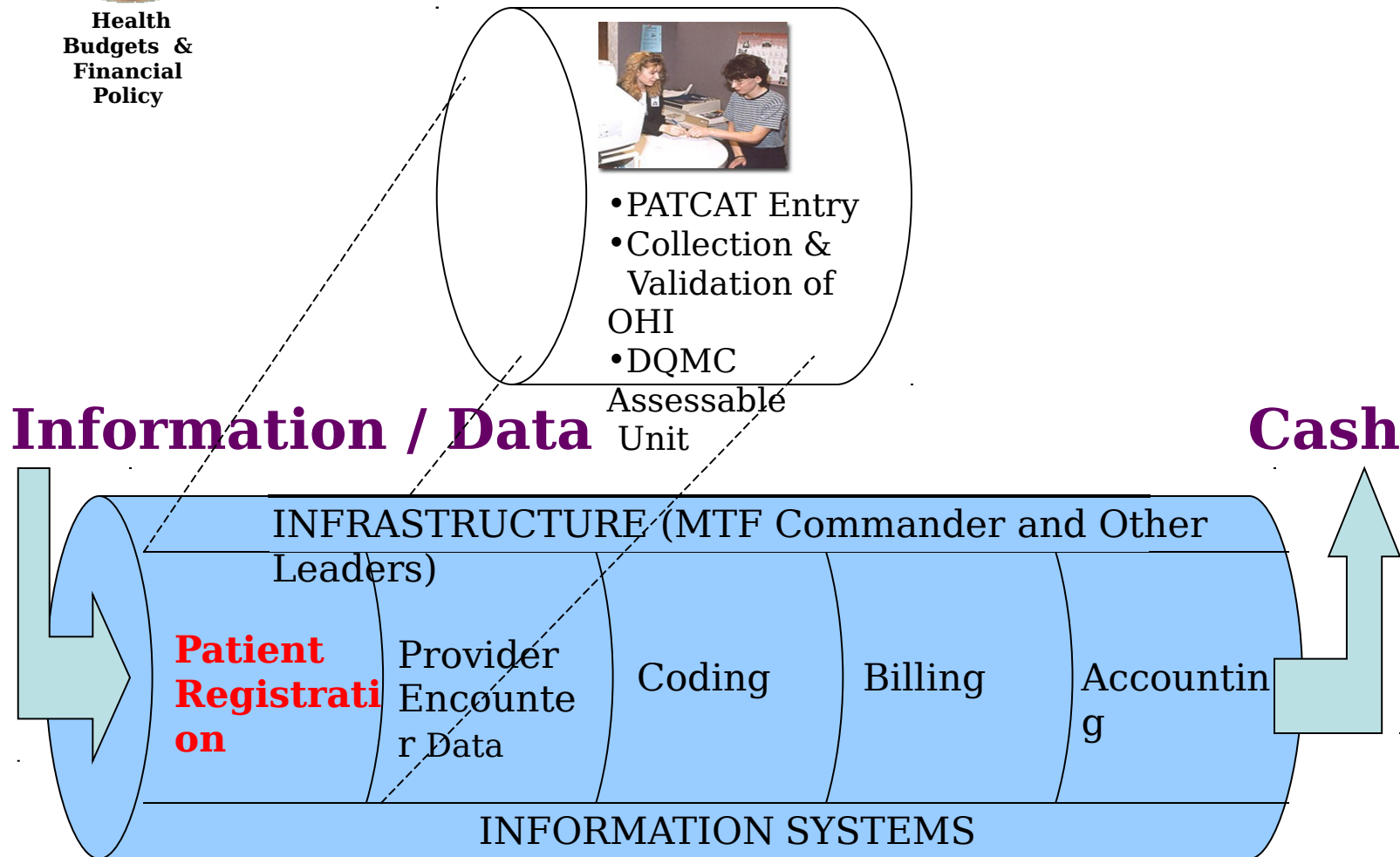INFRASTRUCTURE (MTF Commander and Other Leaders)

| Patient Registration | Provider Encounter Data | Coding | Billing | Accounting |
|---|---|---|---|---|

INFORMATION SYSTEMS

O&M Collections          Cash Flow $$

# Patient Registration

- PATCAT Entry
- Collection & Validation of OHI
- DQMC Assessable Unit

## Information / Data

## Cash

**INFRASTRUCTURE (MTF Commander and Other Leaders)**

| **Patient Registration** | Provider Encounter Data | Coding | Billing | Accounting |

**INFORMATION SYSTEMS**

# Importance of <u>Accurate</u> PATCAT Entry

- Patient Category (PAT) determines the reimbursable rate (if any) for healthcare
  - Over 300 PATCATs to select from
- Challenge of Patients with Multiple PATCATs
  - Spouse of AD Member who is a Reservist and employed as a Federal Employee
- Whose responsible for training/accuracy?

# Training for Selecting the <u>Correct</u> PATCAT

- PATCAT course now available via the TMA UBO website


- http://www.tricare.mil/ocfo/mcfs/ubo/learning_ center/ training.cfm
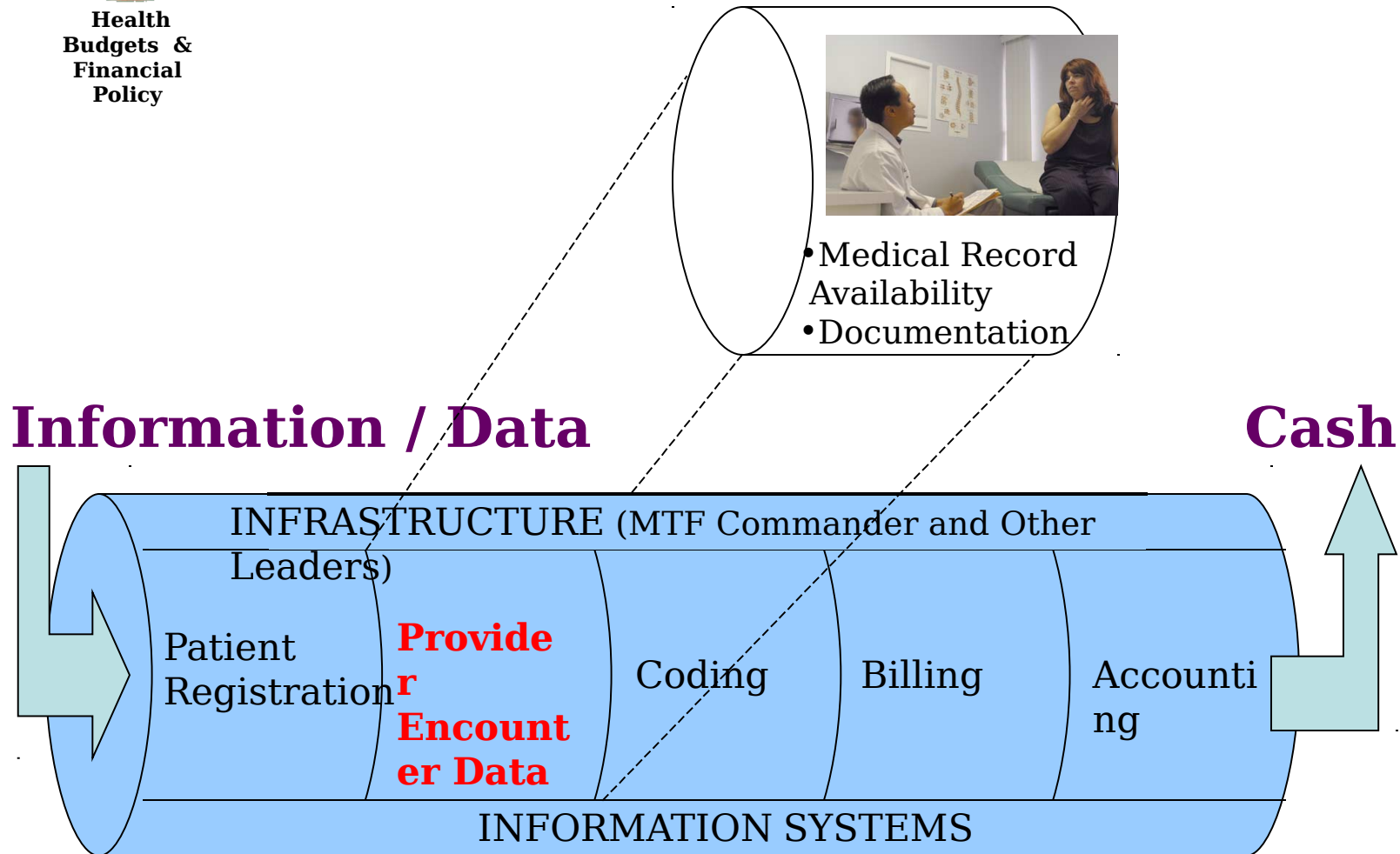
# Other Health Insurance (OHI) Information

- Use DD Form 2569 to capture OHI information about your patients
  - All Non-Active Duty Patients required to complete it every 12 months or if data changes
  - OHI needs to be entered into CHCS or it "doesn't exist" for billing purposes
  - Direct correlation between presence of a current DD Form 2569 in patient record and rate of TPC billing
  - Reported monthly in Commander's DQ Report

# Provider Encounter Data



• Medical Record Availability
• Documentation

**Information / Data**

**Cash**

INFRASTRUCTURE (MTF Commander and Other Leaders)

| Patient Registration | **Provider Encounter Data** | Coding | Billing | Accounting |
|---|---|---|---|---|

INFORMATION SYSTEMS

# CHCS Provider Specialty Codes (PSC)

- Set of codes unique to CHCS

- Current business rules preclude TPOCS from receiving ADM encounters with blank PSCs or PSCs > 900
  - (exception of 901 – Physician Assistant)
  - 702 (Clinical Psychologist) versus 954 (Psychology)

- Site visit to large medical center found 20% of PSCs fields were blank
  - Billable ADM encounter never reach TPOCS

# Correcting the CHCS Provider Specialty Codes (PSC)

- Get your site's most current CHCS Provider Profile and review the PSC fields for accuracy
  - No blank fields
  - Billable providers have PSC under 900 (plus 901 – Physician Assistant)
- Determine whose responsible for maintaining the PSC fields and TRAIN THEM!!!
- Periodically review the PSC fields to make sure the problem really has been <u>permanently</u> fixed
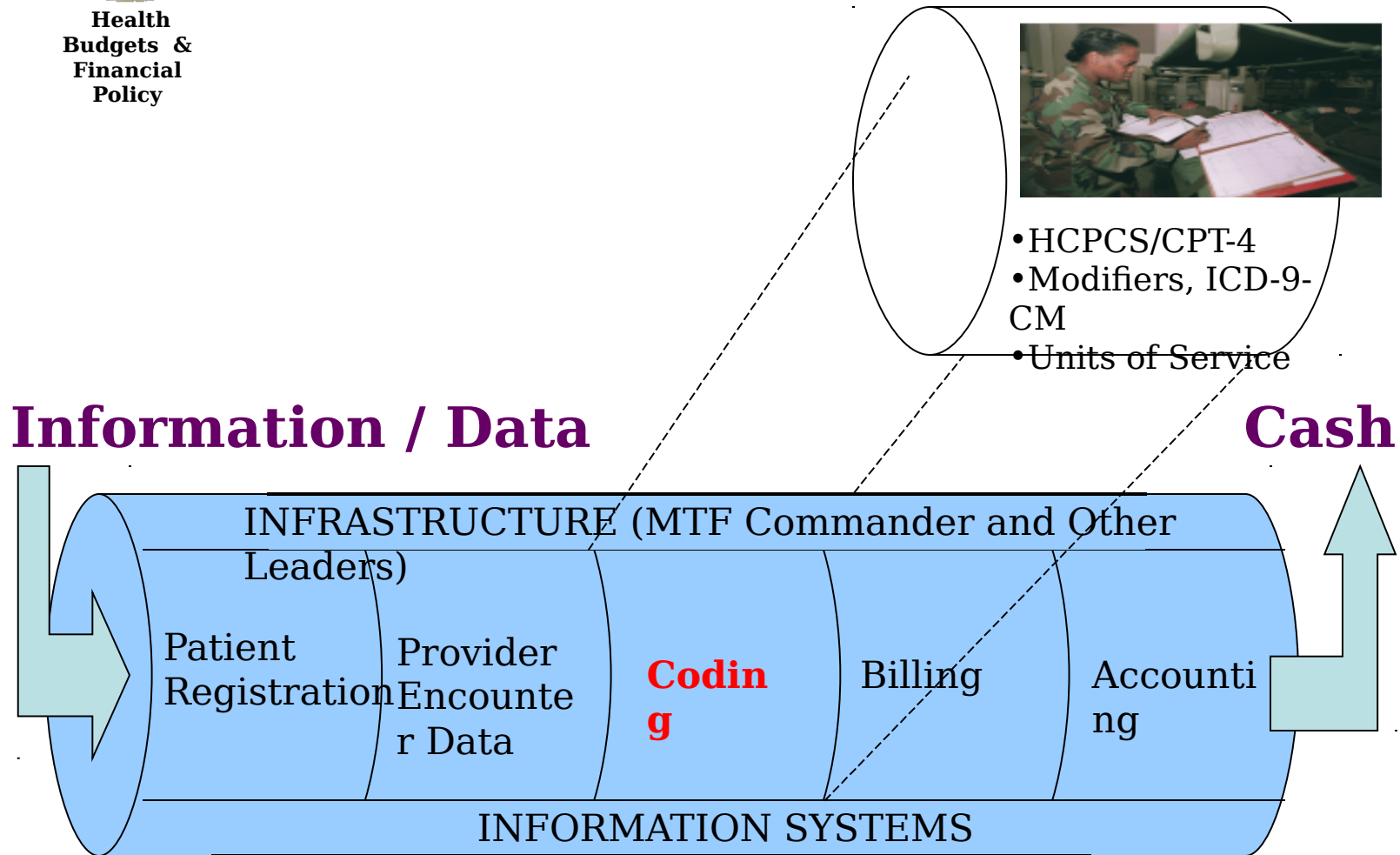
# National Provider Identifier (NPI) Type 1

- Every provider who can bill for healthcare services is required to have one
- 23 May 2007 was the deadline for MHS providers to obtain their own unique NPI Type 1
- Active Duty Statistics as of 22 May 2008
  - Actual/Required (% Achieved)
  - Army – 14,053/11,697 (120%)
  - Navy – 9.288/8,864 (105%)
  - Air Force – 8,220/7,850 (105%)
- Are all of your providers NPI Type 1s in CHCS?
  - No NPI = No Payment from Insurance Companies

# Coding

- HCPCS/CPT-4
- Modifiers, ICD-9-CM
- Units of Service

## Information / Data

## Cash

INFRASTRUCTURE (MTF Commander and Other Leaders)

| Patient Registration | Provider Encounter Data | **Coding** | Billing | Accounting |

INFORMATION SYSTEMS

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# Billing

- Insurance Verification
- Claim Form Data & Line Item Billing

## Information / Data

## Cash

INFRASTRUCTURE (MTF Commander and Other Leaders)

| Patient Registration | Provider Encounter Data | Coding | **Billing** | Accounting |
|---|---|---|---|---|

INFORMATION SYSTEMS

# Accounting

- Account Follow-Up
- Payment Posting
- Denial Management

**Information / Data**

**Cash**

INFRASTRUCTURE (MTF Commander and Other Leaders)

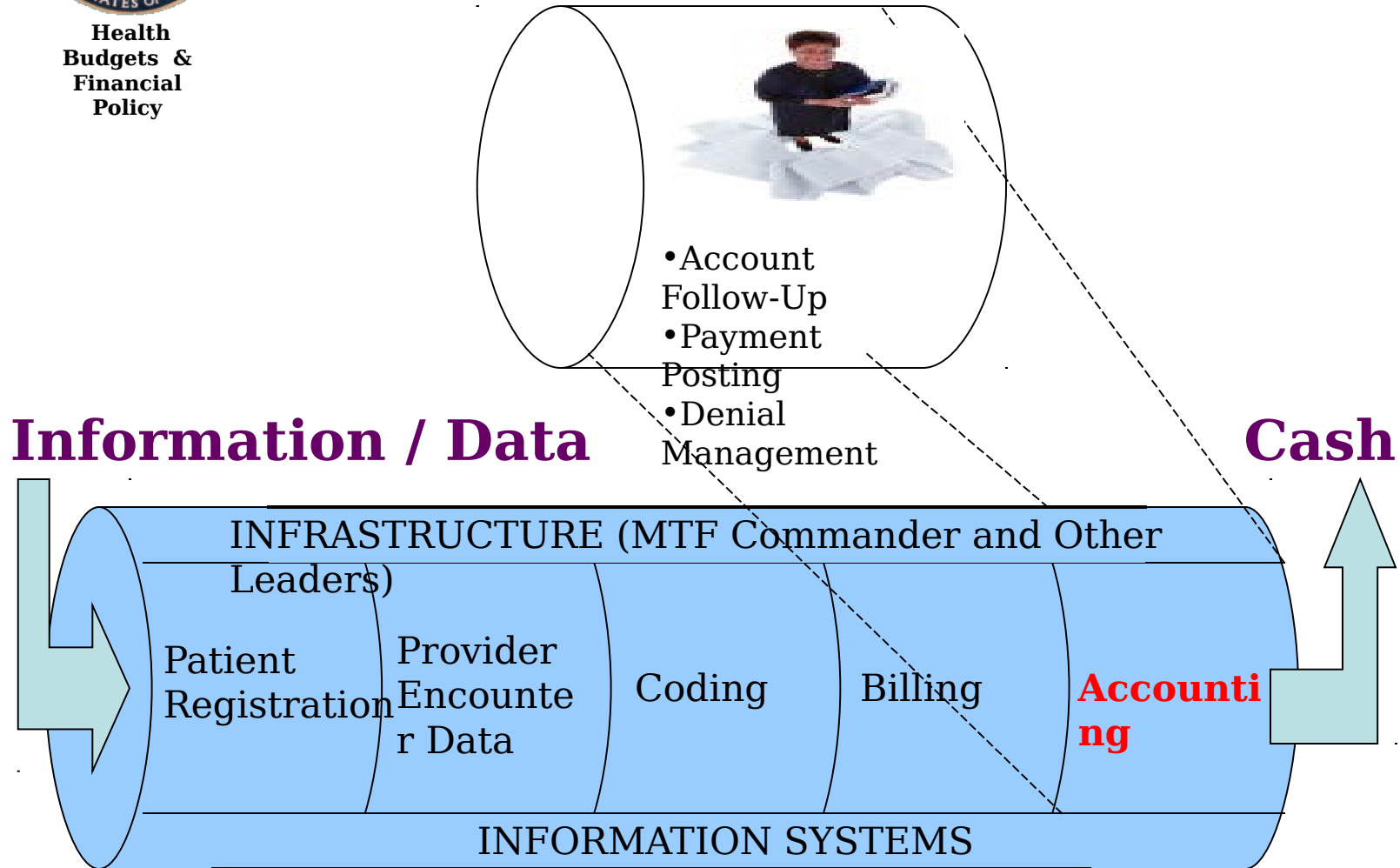| Patient Registration | Provider Encounter Data | Coding | Billing | **Accounting** |

INFORMATION SYSTEMS

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# UBO Success Factors

- What are the Focus Points?
  - MTF Revenue Cycle
    - Team Effort (not the just the UBO's challenge)
    - Staff Education & Training
    - Electronic Interfaces
  - Leadership Involvement
    - Stress the need to complete the OHI forms (DD Form 2569s)
    - Brief them on UBO Performance (e.g., OHI Capture, Billings & Collections for TPCP, MSA & MAC)

# Resources

- UBO Web Page

  http://www.tricare.mil/ocfo/mcfs/ubo/index.cfm

- UBO Help Desk

  ubo.helpdesk@altarum.org

  703-575-5385

# Resources (con't)

- Defense Health Information Management System (DHIMS) Web Site
  - http://citpo.ha.osd.mil/
    - formerly CITPO and TMIP
- Defense Health Services Systems (DHSS) Web Site
  - http://health.mil/DHSS/
    - formerly RITPO, DMLSS & EI/DS

**Health Budgets & Financial Policy**

# Questions?

TMA UBO Program Manager

TMA Deputy UBO Program Manager